INCIDENT, ACCIDENT, ILLNESS, DEATH OR FIRE REPORT
STATE OF MICHIGAN
Department of Human Services
Bureau of Children and Adult Licensing

INSTRUCTIONS

- **The completion of this form may optionally be used to document the requirements of the following licensing rules:**

  Children's and Adult Foster Care Camps R 400.11227
  Child Placing Agencies R 400.12415 (2)
  Child Caring Institutions R 400.4167(1)(2)
  Court Operated Facilities R 400.10159(2)

- **The completion and submission of this form to the department is required by the following licensing rules:**

  Children's and Adult Foster Care Camps R 400.11127 (6)

FACILITY:

License Number	Facility/Home/Provider Phone Number ( )		
Facility Name			
Address (Street Number and Name)		County	
City	State	Zip Code	

FACILITY TYPE:
- ☐ Camp
- ☐ Child Caring Institution
- ☐ Juvenile Detention

LICENSING CONSULTANT:

Licensing Consultant Name

PERSON(S) IN CARE INVOLVED:

Name		Name	
Age	Sex ☐ M ☐ F	Age	Sex ☐ M ☐ F
Home Address If Other Than Facility/Home Address (Street Number & Name)		Home Address If Other Than Facility/Home Address (Street Number & Name)	
City / State / Zip Code		City / State / Zip Code	
Home Phone Number If Other Than Facility/Home ( )		Home Phone Number If Other Than Facility/Home ( )	
Name of Parent (if minor)	Work Phone Number ( )	Name of Parent (If Minor)	Work Phone Number ( )

OTHER PERSON(S) INVOLVED / WITNESS(ES):

Name	Name
Address (Street Number and Name)	Address (Street Number and Name)
Phone Number ( )	Phone Number ( )

DISTRIBUTION:
Send original to your licensing consultant and retain a copy for your records.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: 1973 PA 116
COMPLETION: Voluntary/Mandatory
PENALTY: May be in violation of licensing rule.

PERSON(S) NOTIFIED:

Name of Person Notified	Notification Date	Notification Time	Non-Applicable
Physician		: ☐ A.M. ☐ P.M.	☐
Referring/Responsible Agency **(Child Caring Institution Only)**		: ☐ A.M. ☐ P.M.	☐
Probate Court **(Juvenile Detention Only)**		: ☐ A.M. ☐ P.M.	☐
Law Enforcement Agency		: ☐ A.M. ☐ P.M.	☐
Fire Marshal		: ☐ A.M. ☐ P.M.	☐
Local Coroner		: ☐ A.M. ☐ P.M.	☐
Family Member		: ☐ A.M. ☐ P.M.	☐
Other (Specify)		: ☐ A.M. ☐ P.M.	☐

Incident, Accident, Illness, Death or Fire		
Date:	Time: ☐ A.M. ☐ P.M.	Location:
Description, Cause, Surrounding Circumstances		

		N/A
If Fire, State Extent of Damage		☐
First Aid Given and When, if Applicable		☐
Who Provided First Aid, if Applicable		☐
Other Action Taken		
Physician's Diagnosis of Injury or Illness, if Applicable		☐
Name of Treating Physician, Medical Facility, Hospital, if Applicable		☐
Phone Number of Treating Physician, Medical Facility, Hospital, if Applicable		☐
Cause of Death, if Applicable	Was an Autopsy Performed ☐ Yes ☐ No	☐

Were Any Handicaps, Health Problems, or Exceptions Listed on the Child's Health Records?

☐ Yes ☐ No

Signature of Person Completing This Report	Title	Date
Signature of Registrant/Licensee/Responsible Person	Title	Date